V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (4233
1. PLACE OF DEATH	(162)
County Worceples	Registration Dist. No. 30
Village or City The LIMITS OF CITY	NoSt.,Ward
(If Length of residence In city or town where death grounded 3D_yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thanklin Frence & Ja	elle
(a) Residence; No.	Cst., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH / · /
Male white Maried word)	(Month) (Day) (1934)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Agailast	22. I HEREBY CERTIFY, That I atlended deceased from
6. DATE OF BIRTH (month, day, and year) May 24 0/164	I last saw h sus alive on afro 7 , 1934; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, a 3. 20m.
79 10 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Petail Merchant	Dente dementia 1930
kind of work done, as SPINNER. Law Muchaul SAWYER, BDD KKEEPER, etc. Law Muchaul 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. SAW MILL, 10. Date deceased last worked et 11. Total time (years)	
10. Date deceased last worked et this occupation (month and year)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Abert C Backey 14. BIRTHPLACE (city or town) - 7 Manual Constant	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME // AM JOURN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
State or country)	Where did injury occur?
17. INFORMANT/MOR Search Masses	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAD	Manner of injury
Place of Cemely Joseph Date Mill 23, 1934	Nature of injury
19. UNDERTAKER Johnson + halming	24. Was disease or injury in any way related to occupation of deceased?
(Address) Small And	If so, specify
20. FILED 7723, 1924 DE Coe Secreth.	(Signed) Address) Survi Hill M. D.
If more blanks fre needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAI V S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

item of infor-

Every

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

WITH

-WRITE PLAINLY,

STATE OF MADVI AND	CEDITICICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH (4234
Our T	(162)
County Worker County	Registration Dist. No.
Village or City new Symun Ifill ma	No. St., Ward (Il death occurred in a hospital or institution, give its NAME instead ol street and number)
Length of residence in city or town where death occurred. 8.8yrs	nos. Co. ds. How long in U.S. il of loreign birth?yrsmosds.
2. FULL NAME I Saac of 15	ecketo SR.
(a) Residence: No. (Usual place of abode)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDINARIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH afr 14
5a, If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Husband of amanda Boche	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Feb 28 1846	I last saw have elive on AM 7 , 19 % death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, at S. A
88 / 6 1dey,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	fully surrience
I 9. Industry or business in which	Senslity. No additional information.
work wes done, as SILK MILL, SAW MILL, BANK, etc	Culp
10. Oate deceased last worked et this occupetion (month end year)	nov. 15, 1934
12. BIRTHPLACE (city or town) New Snew Hill, W.d. (State or country)	Other Contributory Causes of importance:
13. NAME Dence Present	
Vac Vac	1
(Stete or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy? O
15. MAIOEN NAME Vellie Road	23. if deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Year Pacamole, (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT amanda Beckels (Address) Pacamula Ma K F12 3	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ocamore nd Date lifil 16, 193	Neture of injury
19. UNDERTAKER Chas a Purnell	24. Wes disease or injury in any way related to occupation of deceased? 223
(Address) Snew fell mg	il so, specify
20 EUSO 4/14, 134 LE Cai Luit	(Signed) W M O.

Registrar.

(Address) Dury Jul.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	_ 1	Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1/2	13		-11-11-17
1 200			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	/	
ED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of certificate.	
ARGIN RESERVED FOR BINDING	TITH UNFADING INK-TI	ully supplied. AGE should	plain terms, so that it may	TION is very important. See instructions on back of certificate.	
0.1	-WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very importan	

V	S	TATE O	F MAR	YLAND-	CERT	ΓΙΓΙCΑΤ	E OF	DEA	ГН	64235
	1. PLACE OF DEA					<u></u>				3.500
	County Worce							stration D	ist. No	70
	Village or City	ocomoke	City,		No.	R.F.D.	# 2.	ite NAME	st	.,Ward
	Length of residence in c	ity or town where d	eath occurred							mosds. °
	2. FULL NAME W	illiam I	homas E	elote						
	(a) Residence: No				St.,	Ward.	********			,
10000	PERSONAL AN	D STATISTI	(Usual place		4	MEDICA	If no		OF DEAT	
II.	sex 4. colo	or or race	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	800	TE OF DEA	ŢН	il	23rd.	
5a	. If married, widowad, or dividual HUSBANO of (or) WIFE of 18,7	errill	Belote		22. Ja	I HERE	EBY CEF	TIFY to a	That Talte	nded decoased from
6.	DATE OF BIRTH (month, da	y, and year) Jul	Ly 20th.	1866.	I dist saw	v h alive o	on afin	1 74	, 19.	death is sald
7.	AGE Yaars	Months	Oays	If LESS than I day,hrs.		occurred on the date				
_	67	9	3	ormin.	were as	NCIPAL CAUSE OF follows:	DEATH and rai	ated causes	of Importance	Oate of onset
OCCUPATION	kind of work done SAWYER, BOOKKE! 9. Industry or business i work was done, as SAW MILL, BANK, 1D. Date deceased last wo this occupation (moyear)	as SPINNER, FEPER, etc	11. Total ti	me (years) ti in this pation	Su	uddm	. E.O	lof.		1/23.31
12	. BIRTHPLACE (city or town)	Onanco	ek		Other Co	ontributory Causes (of importance:			
~	(State or country)		ginia.		EL.		pulu	lel	~	274
FATHER	13. NAME James		Belote			myel		x		
FAT	14. BIRTHPLACE (city or to (State or country)		ac Count Iirginia			operation t confirmed diagnos	sis?		Date	of
JER	15. MAIDEN NAME Ma.	ry Teag	le Willi	ams	23. If deet	h was dua to extar	nel causes (VIDI	ENCE) fill	in also the foll	owing:
MOTHER	16. BIRTHPLACE (city or to (State or country)	Norths	mpton C Virgini		1	, sulcide, or homicle id injury occur?	8		ete of injury	
17	(Address) OCOM			nd.	Spacify w	whethar injury occu	rrad in INOUST	RY, In HDM	E, or In PUBLI	C PLACE.
_	BURIAL CREMATION OR Place Onanco	Cemeter k. Va.	77	1.25.,19.34.	Manner o	of injury				
19	. UNDERTAKER Verno	n P.Ste	venson y, Maryla	ind.	24. Was di	isaase or injury in	any way related	to occupati	ion of deceased	n ho
20	FILEO Opril 24	1934	thm !	Registrar.	(Sig	(Address)	L. I. I. P.	wh	Col	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU Y, b.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	AN
----------------------	---------	------------	----	----------	----

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

20. FILED Oful

3

CAUSE OF DEATH in plain terms, so that it may be

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04236 /
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Therester)	(3)
	Registration Dist. No.
Village or City W. Poconohe City	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	./5 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Itellie a. 120 mas	
(a) Residence: No.	St. Ward. Shuidland, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH CALL
tenale Itale Midan	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY Tight I attended deceased from
(ii) mire ii Chiles Hogman	apre 19 134,10 aprel 2 1934
6. DATE OF BIRTH (month, day, and year) Malch 30. 1862	i last kaw he alive on ful ful 103 % death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11-1-3-m.
7N 0 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, af Home SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc	col he four.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Asime Merdenal Thritis King
0 10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	All Court of Investment
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country) Mufland	Organ design diseal
13. NAME Tilliam Dallack	Jusago
14. BIRTHPLACE (city or town) 14. City or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A LOUIS A.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Man
Place aller, M.S. Date 4/15/34, 19	Manner of injury
Mill Will work Carlo	
19. UNDERTAKER 1 (1) (Addrage)	24. Was disease or Injury in any way related to occupation of deceased?

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE LION

OCCUPA-

Should

S

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Norcester Registration Dist. No. Village or City Pocomoke City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME Martha Anne Clarke (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DAVORCED (write tha word) Pocomoke City Colored Female Widow (Month) (Year) 5a. If married, widowed-or divorced HUSBAND of ERTIFY. That I attended dacaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) F. X A.C. 7. AGE Months Davs If LESS than to have occurred on the data stated above, a 1 day hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance About or ____min. Data of enset 8. Trada, profession, or particular kind of work done, as SPINNER, HOUSEWIT SAWYER, BOOKKEEPER, atc. OCCUPATION 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc.... 10. Data decaased last worked at 19 this occupation (month and 11. Total time (years) spent in this occupation Other Contributory Causes of importance: Spottsylvania County 12. BIRTHPLACE (city or town) Virginia (Stata or country) FATHER 13. NAME Hughes

14. BIRTHPLACE (city or town) Virginia (Stata or country) MOTHER Dollie Graham 15. MAIOEN NAME

16. BIRTHPLACE (city or town) (Stata or country)

17. INFORMANT MIS RUITUS City. Maryland 18. BURLAR GREMATION, PO REMOVALE tery

(Addrass) Ocomoke

24. Was disaase or infuraln any way rei if so, specify ...

What tast confirmed diagnosis?_____ Was there an autopsy?____

Accident, suicida, or homicida?______ Date of injury______ 19_____

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following:

Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.

(Address) ___

Where did injury occur?_____

Manner of Injury

Nature of injury

(Signad).

Registrar. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	The principal cause of death and related causes of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	-----------	------------	----	-----------

TYON is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTII	FICATE	OF	DEATH
----------	-------	------------	--------	----	-------

- 1	1	5)	1)	8
1	14	4	0	

1. PLACE OF	DEATH	1	1017 11			
CountyW	orces	ter			Registration Dist. No.	
Village or Cit	y Poc	omoke	City		No. R.F.D. St.	Ward
					f death occurred in a horpital or institution, give its NAME instead of street and number ds. How long In U.S. if of loreign birth?yrsmos	
2. FULL NAM	E Ala	n Park	er Cust	is		
(a) Residence					St., Ward.	
			(Usual place		If nonresident give city or town and State	
			CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male	4. COLOR O			P (write the word)	21. DATE OF DEATH April 21st , 193 (Month) (Day) (Y	4
5a. If married, widowed HUSBAND of	d, or divorced	đ				ear)
(or) WIFE of					22. I HEREBY CERTIFY, That I attended decease	ed from
c DATE OF BIRTH /			met 3md	1094	1 1 1 1 1 1 1 1 1 1	
6. DATE OF BIRTH (m 7. AGE Years		Months	Days	If LESS than	to have occurred on the date stated above, at 9 30 decr	112 2910
9		8	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profess	ion, or partic	ular	1 20	ormin,	were as follows: Date	olonset
SAWYER, E	ork done, as BOOKKEEPER	SPINNER.	In scho	ol		
S. Hid of wo SAWYER, E 9. Industry or bu work was a SAW MILL 10. Date deceased this occupa	done, as SILE	K MILL.				
SAW MILL	, BANK, etc		11 Total t	ime (years)		
O this occupe	etion (month		spa	nt in this		
12. BIRTHPLACE (city		omarca		•	Dther Coutributory Causes of Importance:	
12. BIRTHPLACE (city (State or count		Marvl		(el		
# 13. NAME Hall	rrv J		Custis			
13. NAME Hall 14. BIRTHPLACE (Name of operation.	
(State of C			ryland		What test confirmed diagnosis? Was there an au'opsy	
15. MAIDEN NAM 16. BIRTHPLACE (State or o	ENell:	ie Par	ker Sta	nford	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE ((city or town)	Word	ester C	ounty	Accident, suicide, or homicide? Date of Injury	9
∑ (State or c	country)] [aryland		Where did injury occur?	
17. INFORMANT HO			n Custi		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATIC		PALETY			Menner of Injury	
		ine	pate Apr	. 22nd 1954.	Nature of Injury	
19. UNDERTAKER	rus	ul.	Stru	euson	24. Was diseese or injury in any wey related to occupetion of deceased?	0
(Address) P	o como	ke Cit	y Maryl	and.	If so, specify	
20. FILED afril	2/ 19	34	Hhm /	They	(Signed) Upllation	M, D.
				Registrar.	(Address) Corasana Kan Coly In	-1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAU Y. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	PEMENTS B	PHYSICIAN
-----------------------------------	-----------	-----------

ARGIN RESERVED FOR BINDING		ij
ESER	9	ľ
ESER	7	R
ESER		í
ESER	$\overline{}$	ŀ
ESER		1
ESER	\mathbf{z}	1
ESER	i -i	ı
ESER	$\mathbf{\omega}$	ı
ESER	-	١
ESER	~	
ESER	<u> </u>	ľ
ESER	0	i,
ESER	Tu .	ď
ESER		
ESER	0	
ESER	Ţ	ı
ESER	囯	Į.
ARGIN RESER	>	
ARGIN RESEI	~	
ARGIN RESE	1	i
ARGIN RES	- 12	ı
ARGIN RE	0.7	ď
ARGIN RI	F-3	
ARGIN R	-	
ARGIN	PG	ı
ARGIN		ä
ARGII	7.	
ARG		ł
AR	75	
AR	3	
E	四	ı
	00	
	-	i

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	940
	County Warceslet	Registration Dist. No. 332
1	Village or City Berlin	No. St., War
1		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U, S, if of foreign birth?
2	FULL NAME Eugene de Em	4 Å
_	(a) Residence: No. 13 es has mil	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Mathie & Dennis	22. I HEREBY CERTIFY, That I attended deceased from 1994, to april 30, 1935
i. I	DATE OF BIRTH (month, day, end yeer) July, 26, 1875	I last saw h alive on afree 29 , 19 3 4 deeth is sa
	AGE Yeers Months Days If LESS then 1 dey,	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
201	2. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Zarmer	United United
OLY O	9. Industry or business in which work was done, as SILK MILL, Aur farms. SAW MILL, BANK, etc.	angina rectoris ap 1
OCCUPATION	D. Date deceased lest worked at this occupation (month and year) 2 4 Specific this occupation 15 year	
12.	BIRTHPLACE (city or town) Tucomics County (State or country)	Other Castributary Causes of importance:
ER	13. NAME William N. Donnes	
FATHER	14. BIRTHPLACE (city or town) Many fond.	Name of operation 22000 Date of What test confirmed diegnosis? What test confirmed diegnosis?
72	15. MAIDEN NAME Mary a Walloway	23. If death was due to externel ceuses (VIDL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country) Manyland.	Accident, sulcide, or homicide?
17.	INFORMANT Matter & Deanis (Address) Bealin md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Everyneen Cernite Date My 2, 1934	Manner of injury
19.	UNDERTAKER MAN JANAS Watson (Address)	24. Was diseese or injury in eny wey releted to occupetion of deceased?
20.	FILED apr 30,19 84 IV Muniford	(Signed) a 9 fallend M. (Address) Berlin Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7.

M

classified. Exact statement of OCCUPA-

V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PI	r, WITH	ARGIN RESERVED FOR B H UNFADING INK—THIS IS A PI	N RES	SERVI NK_T	ED HIS	FOR I	
T	CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate	H in plain	terms, s	tions of	it may	o o	properly	7 1 2

	D-CERTIFICATE OF DEATH 114241
1. PLACE OF DEATH	3.50
County Business	Registration Dist. No.
Village or City versionalle City	No. St, W
Length of residence in city of town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(Mar. 10 -	/
2. FULL NAME Journals	is the
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLDR DR RACE 5. SINGLE, MARRIED, WIDD OR DIVORCED (write the w	
	(Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attended deceased f
(or) WIFE of	Joul 12 193 4 10 Charl 12 193
5. DATE OF BIRTH (month, day, and year)	4 I last saw her slive on Wall 12 , 19 3 4 death is
7. AGE Years Months Deys If LESS	
] 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade protection or particular	Date of or
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
SAWYER, BODKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	engeneral receivance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12, BIRTHPLACE (city or town) Joseph Calin 1	Other Contributory Causes of importance:
(State or country)	Elwalsesis 4/17
13. NAME James Dense Dryce	1:
Acres on Cran	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMELLANDE Summy of del	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many de duinn by det	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
1. INFORMANT James / any Dinon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) / OL on the lig. 1).	20
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Most les le 60 Date lipse 10,	9 Nature of injury.
19. UNDERTAKER Dullard Bros (Address) Polomote Cel	24. Was disease or injury in any way sqlated to occupation of deceased?
20. FILED pril 18, 19 34 John / Res	ley (Signed) I. Cartoning IN
Regis	existrar 2411 N Charles Street Balance Properties 71 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance: Gastroenteritis	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL
---	------------

6 .	15	63	1	1	
1	4	4	4	L	

Date of enset

Registration Dist. No. No. R. F. D. F. St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds.

2. FULL NAME John F. Gale

(a) Residence: No. (Usual place of abode)

21. DATE OF DEATH

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.

Colored

OR DIVORCED (write the word) idower

5a. If married, widowed, or divorced HUSBANO of (or) WIFE of

Male

statement SICIAN

Exact

RECORD.

PERMANENT

9

plnods may

certificate. properly

back

On

instructions

important.

LION

plain

CAUSE OF DEATH

carefully

should

-WRITE

BINDING

FOR

ARGIN RESERVED

Alvertha Gale

known 6. DATE OF BIRTH (month, day, and year) NOT 7. AGE Months Deys If LESS than I dey, hrs. About 85

8. Trede, profession, or perticular

OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, es SILK MILL,

SAW MILL, BANK, etc 10. Date deceesed lest worked et this occupation (month end

Il. Totel time (yeers) spent In this occupetion ___

or min.

icomico County 12. BIRTHPLACE (city or town). (State or country)

FATHER 13. NAME Edward

14. BIRTHPLACE (city or town) Wicomico County (Stete or country)

15. MAIDEN NAMER]] em Garrison

MOTHER 16. BIRTHPLACE (city or town) Jicomico County. (State or country)

17. INFORMANT (Address) OCOII

Registrar.

(Yeer) RTIFY Thet I Aftended deceased from

MEDICAL CERTIFICATE OF DEATH

to heve occurred on the dete steted above, et-The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows

Other Contributory Causes of Importance:

Neme of operation

What test confirmed diagnosis? Wes there en eutopsy?

23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of injury _____, 19 Where did injury occur?___

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury Neture of injury

24. Wes disease or injury in any wey related to occupetion of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

BINDING	
FOR	
RESERVED	
ARGIN	

V. S. No. 1

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04242
1. PLACE OF DEATH	(46)
County worcester	Registration Dist. No. 33 2
Village or City Berlie.	No. St., Ward
(If	death occurred in a horpitel or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE OR DIVORCED (write the word) Se. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cory WIFE of Sarah Hibbs.	22. I HEREBY CERTIFY, Thet i ettended deceased from 1934, to 4, 1934
6. DATE OF BIRTH (month, day, end yeer) Dec. 9, 1853 7. AGE Years Months Deys If LESS then 1 dey,hrs.	I lest saw h
8 Trade profession or particular	were es foliows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Canus bestum 1933
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Cancer of Rectum
10. Dete deceased lest worked et this occupetion (month end year) 11. Total time (yeers) spent in this occupetion	
12. BIRTHPLACE (city or town) musuland (Stete or country)	Other Contributory Causes of Importence:
13. NAME Ichan Habby-	
14. BIRTHPLACE (city or town) Maryland. (State or country)	Neme of operation Dete of
15. MAIDEN NAME Mary Margaret Holland	Whet test confirmed diegnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Dus Charles Hobbs. (Address) Berlin, Mid.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Perclany Lane Date Popul 10, 1934	Menner of injury
19. UNDERTAKER J. W. Burbye (Address) Benlin, md	24. Wes disease or injury in any wey related to occupation of deceased? 24. If so, specify 24.
20. FILEO afro 9 1924 9 V. Muniford	(Signed) Caltolland M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	الب		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Other contributory causes of importance:	er Beblin	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Y			

ADDITIONAL	SDACE E	D FIIDTHER	STATEMENTS	RV	DIIVSICIAN
ADDITIONAL	SPACE FU	JK FUKTHER	STATEMENTS	BI	PHISICIAN

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
		~		

1	L PLACE OF DEATH	
6	County wasses	Registration Dist. No. 9.55
4	Village or City Stangells md	NoSt.,Ward
		(If death occurred in a hospital or institution, give its NAME instead of street and number) os,ds. How long in U.S. if of loreign birth?yrsmosds.
	Planta O Da	O Cook
ľ	2. FULL NAME DUNINASS TO MA	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
00000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Afric 26 (Month) (Day) (Test)
5a.	If married, widowed, or divorced HUSBAND of Standard Stan	
	(or) WIFE of Excella 6. McCoall	22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, and year) Dec 16-1859	I last saw have alive on Africe 19.19.4; death is said
7.	AGE Yaars Months Days If LESS than	to have occurred on the date stated-above, at
	16 4 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
N	Trada, profassion, or particular kind of work done, as SPINNER, Falson	Olistica & heart disease
Ę	9. Industry or business in which	
UP	work was done, as SILK MILL, SAW MILL, BANK, etc.	
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	
-	2.10-11-110	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)	
ER.	13. NAME (mus on blacke	
FATHER	14. BIRTHPLACE (city or town) Selley rulle	Name of oparetion Date of
F	(State or country)	What tast confirmed diegnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Louise murray	23. If death was due to external causes (VIOLENCE) fill in also the following:
OTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
Σ	(State or country) Allanvare	Where did Injury occur?
17.	INFORMANT Stella 6. McGalel (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place SUCYVIII Date MM dd 19,3	Nature of Injury
19	UNDERTAKER MC Taskall alson	24. Was disease or injury in any way related to occupetion of deceesed?
20	FILED 4-21-, 1984 Helen F. Hane Registrar.	Van (Signad) R. P. Callins M. D. (Address) Bishirkinele Ind
4		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
P W ORALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

15/20/

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH (14244
1. PLACE OF DEATH	
County Wor Cister	Registration Dist. No. 355
Village or City Blanched P. S.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Over Tarala	Megle
(a) Residence: No. (Usual place of abode)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Cerr. 21 - 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) Sub. 3, 1934.	I last saw him alive on 4 - 2/ 1954; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1301-m.
2 /8 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	Usis or orest
SAWYER, BOOKKEEPER, etc	Branches Premioria
work was done, es SILK MILL, SAW MILL, BANK, etc.	Marche Inlumona
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mary and	Warking angle.
II 13. NAME Harald I. Mege	
13. NAME (a) ald J. Megle 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country) Delaware	What test confirmed diagnosis?
15. MAIDEN NAME Clace M. X)ennis	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME CLACE M. X) emis	Accident, suicide, or homicide? Date of injury19
(Stete or country)	Where did injury occur?
17. INFORMANT MANY DRIVING	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Balling Md. K.D.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Control of Page 1	Nature of injury
19. UNDERTAKER M. Pash as Dalson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Selloyville 761	If so, specify
20, FILED 4 - 21 - 1984 Jelen F. Harry	aro(Signed) M.D.
Reginsfor.	(Address) - Berlin Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	P	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 3 200) de		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	11.091,10.00	0.000	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

	E C	
*	REC	1
5	ENT	E
1	RWAN	XAB
	PER	E
10.1	IS A	state
7	HIIS	pe
THE THE PROPERTY OF THE PROPERTY OF	UNFADING INK-THIS IS A PERMANENT RECOR	supplied. AGE should be stated EXACTLY. PHY
7	NG II	AGE
TTO	FADI	lied.
1	ND	ddn

Exact classified properly se that it

state infor-

1. PLACE OF DEATH

plnods Registration Dist. No. 35-2 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth?______yrs._____mos.____ds. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) don 5a. If married, widowad, or divorced HUSBAND of 22. LHEREBY CERTIFY, That I attanded decassed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or min. Data of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION Jo 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... no 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (Stata or country) terms. 13, NAME 14. BIRTHPLACE (city or town) in plain (State or country) should be carefully What test confirmed diagnosis?_ important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 DEATH 16. BIRTHPLACE (city or town (Stata or country) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury CAUSE mation TION 24. Was disease or Injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify (Signad). Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 July 5,1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	4ENTS	BY	PHYSICIAN
-------------------------------------	--------------	----	-----------

PHYSICIANS should state

of OCCUPA-

See instructions on back of certificate.

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 4		10	6)	/	6	N
	J	4	2	4	1	J

1. PLACE OF DEATH	
County Waruster	Registration Dist. No. 332
Village or City 13 whin Ind	No. St Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
1 4. 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Deather Purnell	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(00)
(or) WIFE of	22. I HEREBY CERTIFY, That f attended deceased from
C DATE OF CURTURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 19, to, 19,
6. DATE OF BIRTH (month, day, and yaa) 7. AGE Yaars Months Days If LESS then	i last saw h alive on, 19; death is said to have occurred on the date stated abova, at
y 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Membres Carela 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	7. +:
O 10. Date deceased last worked at this occupation (month and spant in this yeer)	14 Iwounder
12. BIRTHPLACE (city or town) md	Other Contributory Course of importance:
(Stata or country)	
13. NAME William Munian	history giver
14. BIRTHPLACE (city or town) 14. State or country)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Scatrice Survell	23. If death wes dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Data of Injury 19
∑ (State or country)	Whare did injury occur?
17. INFORMANT William Munican	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Bullin Mid., 18. BURIAL, CREMATION, DR REMOVAL	
Place Francy Data and Sp. 1934	Manner of injury
1 1 1	Natura of injury
19. UNDE TAKER Address	24. Was disaasa or injury in any way related to occupation of deceased?
All'12	If so, specify (Signed)
20. FILED Copyril 7, 1934 J. Murafird	(Address) Dayl M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	19	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04247
1. PLACE OF DEATH	59
County Warreister	Registration Dist. No. 355
10 0: () 2	
Village or City / Oesless Ynd	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22-yrsmos.	
2. FULL NAME Theodore M. Du	rnell
(a) Residence: No. Beslin Md	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (variet he word)	21. DATE OF DEATH, april 14 1934
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Essie Purnell	22. 1 HEREBY CERTIFY, That I attended deceased from 4/11/34 19 10 4/14/34 19
6. DATE OF BIRTH (month, day, and year)	I last saw h 102 alive on 4/14/34 19 death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date statad above, at $\frac{1}{2}$ $\frac{1}{2}$ m.
5-3 2 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance
8. Trade, profession, or particular	Prese marin
Q Industry or business in which work was done as SILK MILL.	
10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this	
yaar) occupation 3 Yess	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) A MA	Gralitis & Bigits
(State or country)	V
13. NAME ON WELLS W. GUSUELL 14. BIRTHPLACE (city or town)	
(State or country)	Nama of operation
15. MAIDEN NAME Wante Coffice	23. If death was due to external causes (VIOLENCE) fill in also that following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury
(State or country)	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT ALSO, GASSIG MINERALLY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Gustagrad Date Coffee 10, 1934	Nature of injury
19. UNDERTAKER & W. Bushage	24. Wes disease or injury in any way related to occupation of dacaased? W
(Address) Bestin And	If so, specify
20. FILED. H. 16, 1894 Helen F. Hayward	(Signed) Saloh ?) dinny M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	**************************************	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory enuses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	---------	------------	------------	----	-----------

1	1		1		
	1	V)	
-	8	4 1	1	/	
	00	igare et			

ARGIN RESERVED FOR BINDING

tate PA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OF	DEATH	
County	Wareesto	٤
Village or Ci	10	in Gred
Length of resid	fence in city or town where	death occurred 90 yrs 8 mos
	714	-1 12:1.1
2. FULL NAM		a raenara
(a) Residence	ce: No.	(Usual place of abode)
PERSON	AL AND STATIST	TICAL PARTICULARS
Flemale	4. COLOR OR RACE,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If merried, widowe HUSBAND of (or) WIFE of	charles	Rechardson
6. DATE OF BIRTH (month, day, end year)	Tug 16 1843
7. AGE Yeer	s Months	Days If LESS then
9	0 8	1 day,hrs. ormin.
kind of w	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc	
9 Industry or b work was SAW MILL 10. Dete descent	ousiness in which done, as SILK MILL, L, BANK, etc	
10. Dete decease this occup		11. Totel time (years) spent in this occupation
12. BIRTHPLACE (city		d ,
(Stete or coun	2 1	//.
Ξ]	raal of	reeman
14, BIRTHPLACE (State or		ma
15. MAIDEN NAM	ME unto	nawn
16. BIRTHPLACE	-1	nd.
(State or		
17. INFORMANT _ (Address)	labert 13.6	leis mid
18. BURIAL, CREMATI	1 1-1.00	(1 1
Place	elos/Welle	Date_UYU
19. UNDERTAKER(Address)	1. W. 13	urbage
20. FILED af	v 7, 1934 l	V Meereford

(66-0)
Registration Dist. No. 332
No. St., Ward eath occurred in a horpital or institution, give its NAME instead of street and number) L. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Au
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH april 4 (Vonth) (Dey) 193 (Yeer)
1 HEREBY CERTIFY Thet I attended deceased from 1934, to 4, 1934 I lest saw h
Fractore of 14p aps.
Other Contributory Causes of importance:
Frank Expansion
Name of operation Date of
Whet test confirmed diegnosis? Wes there an autopsy? Du
23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Accident pate of injury 3, 19 3 4 Where did injury occur? In Low Park Technology (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of Injury Fell on her his Neture of Injury Tracking of 14p Joint
24. Wes disease or injury in any wey related to occupation of deceesed? If so, specify (Signed)

If more blanks are needed, audress state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L MONTY V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
Village or City Snow Hell Ind	Registration Dist. No. 35/
Length of residence in city or town where deeth occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Boby Robins	
(a) Residence: No. Some His (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (May) (May)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days II LESS than 1 day,hrs. ormin. 8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNEL, SAW MILL, BANK, etc. 10. Date deceesad last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Anomal Park 15. Septimental Park 16. Contact of the park 17. AGE 18. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which or was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which or was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which or was done, as SPINNER, SAW	i last saw h alive on 19 death is said to heve occurred on the date stated above, at 50 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset Other Ceatribatery Causes of importance:
(State or country)	Name of operation Oale of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Margaret Fund (State or country) 17. INFORMANT Margaret Fund (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Solution Centron Date 4/3/3/4,19	Manner of Injury
19. UNDERTAKER William Roberts (Addiess) Drow Hill and	24. Was diseasa or Injury In any way releted to occupation of decaased?
20. FILED 4/3 , 19 34 Recog Swith Registrar.	(Signad) Létoy Surell A, M. og (Address) Suroup Hell, Mill.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A MAN TO BE A LONG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 04250			
1. PLACE OF DEATH			
County Warcester	Registration Dist. No. 362		
Village or City. Parlin md	No. St. Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. If of foreign blrth?yrsmosds.		
2. FULL NAME Still 13 also Robers			
(a) Residence: No. 6 Mo. Kremitus. (Usual place of abode)	C.St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5å. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from		
(or) WIFE of			
6. DATE OF BIRTH (month, day, and year) AMU 13. 1934	I last saw h alive on		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
9 Trade profession or particular	Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and spent in this securation (month and spent in this	1 . 4		
9. Industry or business in which work was done, as SILK MILL,	Midwise		
work was done, as SILK MILL, SAW MILL, BANK, etc			
O 10. Date deceased lest worked et this occupation (month and year) spent in this occupation	Anuse Petts		
Occupation	Other Contributory Canses of importance:		
12. BIRTHPLACE (city or town)			
	Has discence for		
13. NAME Wort tell Maine Hatter	6 Dane		
14. BIRTHPLACE (city or town)	Name of operation		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Elizabeth Robbins 16. BIRTHPLACE (city or fown) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
O 16. BIRTHPLACE (city or fown) / // (State or country)	Accident, suicide, or homicide?		
(State of County)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Museum Co. Software Co.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury		
Place At Duelo Dete ans. 114, 19.3 4	Nature of injury		
19. UNDERTAKER J. W. Burkage (Address) Surling Mid	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED Up 14, 1934 I Mumford	(Signed) M. D. (Address) M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, ä

1. PLACE OF DEATH	(3)
County Worcester	Registration Dist. No. 350
Village or City Pocomoke City, Md.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca In city or town where death occurradyrs	mosds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME James H. Short. (a) Residence: No. Market St., Pocomoke (Usual place of abode)	City, Md. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIOOWI OR DIVORCED (write the wo Widower) 5a. If marriad, widowad, or divorced	21. DATE OF DEATH April 3, 1934. (Month) (Pear)
HUSBANO of Nancy E Short(Vaughn)	22. I HEREBY CERTIFY, That I attended dacassad from 32 to April 3, 1934.
6. DATE OF BIRTH (month, day, and year) Oct. 5, 1840.	t last saw h im aliva on March 24, 19349 ; death is said
7. AGE Years Months Days If LESS to 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Arterio Sclerosis.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oata deceased last workad at this coveration (month and this co	Myocarditis,
SAW MILL, BANK, atc 10. Oata deceased last workad at this occupation (month and year)	Chronis Nephritis,
12. BIRTHPLACE (city or town) Dorchester Co., (State or country) Maryland.	Other Coutributory Causes of Importance:
13. NAME DON'T KNOW.	
14. BIRTHPLACE (city or town) Dont know.	Name of operation
1 (State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME DONT KNOW. 16. BIRTHPLACE (city or town) (Stata or country)	23. If daath was dua to axtarnal causas (VIOLENCE) filt in also tha following: Accident, suicida, or homicide?
17. INFORMANT Rev. J. T. Bailey (Address) Pocomoke City, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Datestour Prodata april 5, 19	Mannar of Injury
19. UNDERTAKER M. D. Fraverior & Boo (Address) Sharpton mo	24. Was disaase or injury in any way related to occupation of daceasad? NO If so, specify (Signed) M. D.
Registr	(Address) Pocomoke City, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	İ	Example II		
	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy .	1 week ago	
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	MANY O THAN	July 5,1927	Peritonitis	3 days ago	
	BUREAU V S	1 9			
Other contributory ca	nuses of importance:	_11	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE	OF	MARYI	AND-	-CERTIFI	CATE	OF	DEATH
SIVIT	OI	MAKIL	AIND-	CERIIFI	CAIL	UL	DEAL

04252

	1. PLACE OF DEA	тн				
	County Worce	ester			Registration Dist. No.	350
	Village or City PC	comoke	City		No. R.F.D. 42.	Word
				(1	If death occurred in a horpital or institution, give its NAME instead of street a	nd number)
-					sds. How long In U.S. if of foreign birth?yrs	_mosds.
1	2. FULL NAME		H.Smith			
	(a) Residence: No		(Usual place	of shods)	St., Ward.	
-	PERSONAL AN	ID STATISTI			If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLO	or or race	5. SINGLE, MAR	RIFD, WIDOWED,	21. DATE OF DEATH POCOMOKe City, April 3rd. (Month) (Day)	193 4
-	If married, widowed, or divo		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Month) (Day)	(Yaar)
	(or) WIFE of Mary	r C.Smit	h		22. I HEREBY CERTIFY. That I attend	
6.	DATE OF BIRTH (month, da	y, and yaar) Ma.	rch 17t	h.1834.	V.	K; daath is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9 . 15A am.	, 3040 10 3010
	100	****	17	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
N	A Trade, profession, or pa	articular				Date of enset
TIC	kind of work done, as SPINNER, Farmer					
UPA	9. Industry or business in work was done, as S SAW MILL, BANK,				Janula	
OCCUPATION	10. Date deceased last wor this occupation (mo year)	rkad at 1925	11. Total ti	me (years) It in this		
-				pation	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)	Varvl	er coun	b.y	1-	
œ	13. NAMEBenjami		anu_		Tarine Wheumater	1925
FATHER						
FA	14. BIRTHPLACE (city or to (State or country)	Maryla:		ounty	Name of operation Date of	
ER	15. MAIOEN NAME		h Smith		What test confirmed diagnosis? Was there a 23. If death was due to external causes (VIOLENCE) fill In also the follow	
MOTHER	16. BIRTHPLACE (city or to (State or country)		ster Co	unty-	Accident, suicide, or homicida? Date of Injury	-
	INFORMANT Amelia				Where did injury occur? (Specify city or town, county and S	itate)
17.	(Address) POCOMO	le City	Monaria	~ A	Specify whather Injury occurred In INOUSTRY, In HOME, or in PUBLIC	PLACE.
18,	BUBIAL TREMATION OR B		, lary la	1101	Manner of Injury	
1.	Place ocoroke	- City lá	-Oate Apr	6th ,1934	Nature of injury	
10	UNDERTAKER BY	De P	time	1101	24. Was disaase or Injury in any way related to occupation of deceased?	
13.	(Addrass) POCOM	oke City	/ Maryls	and	If so, specify	
20	FILEO Opril 5.	034 1	he T	Rice	(Signad) A Aslow	M. D.
20.	, 1			Registrar.	(Address) foreing of C. 7	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	3/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR F	FURTHER S	STATEMENTS	BY	PHYSICIAN
------------------------	-----------	------------	----	-----------

fION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

6		7	()	-	-	4	7
1	ĵ	4	2	4)	P)

Length of rasidence in city or town whare death occurred #2 yrs 2 mos 2 ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? Yrs mos ds. How long in U.S. if	1. PLACE OF DEATH	106
Length of rasidence in city or town whare death occurred #2 yrs 2 mos 2 ds How long in U.S. if of foreign birth? yrs mos ds 2. FULL NAME	County Warcester	Registration Dist. No. 3 J-4
Length of rasidence in city or town whare death occurred 45 yrs. 7 mos. 2 ds. How long in U.S. if of foreign birth? 7 yrs. 7 mos. 2 ds. How long in U.S. if of foreign birth? 9 yrs. 7 mos. 2 ds. How long in U.S. if of foreign birth? 9 yrs. 7 mos. 2 ds. How long in U.S. if of foreign birth? 9 yrs. 1 ds. How long in U.S. if of foreign birth? 9 yrs. 1 ds. How long in U.S. if of foreign birth? 9 yrs. 1 ds. How long in U.S. if of foreign birth? 9 yrs. 1 ds. How long in U.S. if of f		NoSt., Ward
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH (Oay) (Year) 1. DATE OF DEATH (Oay) (Year) 1. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. Ormin. Date of once Date of once Date of once	Length of raeldance in city or town where death occurred 45 vrs 3 mas	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) St., Ward. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Oay) 1934 (Oay) 1934 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MONTHS Days If LESS than 1 day, hrs. Or min. Date of once Date of	M. 11 .	S/ a
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Oay) 193 4 (Oay) 193 4 1 HERE BY CERTIFY, That I attended decassed from 1934, to 1934 1 last saw h and alive on 1934, to 1934 1 last saw h alive on 1934 1 to have occurred on the date stated above, at 11 9 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows: Date of once		june
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Source Or Divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Oay) 1. DATE OF DEATH (Oay) 1. I HEREBY CERTIFY., That I attended decassed from the date stated above, at 1. I attended decassed from the date stated above, at 1. I attended decases of Importance were as tollows: Date of once		
Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 108 Trade profession or particular.	PERSONAL AND STATISTICAL PARTICULARS	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days I HEREBY CERTIFY. That I attended decassed from the last saw has alive on the last stated above, at 1 from the last saw has alive on the last stated above, at 1 from the	mel colored OR DIVORCED (write the word)	21. DATE OF DEATH 29 193 4
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin. If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows: Date of once	HUSBAND of	The state of the s
44-3 2 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows: Date of once	6. DATE OF BIRTH (month, day, and year) Inc. 1889	01 201 211
Wera as follows: Date of once		to have occurred on the date stated above, at 1m.
2 Trade profession or particular		wars so tollows:
SAWYER, BOOKKEEPER, etc. 3000 Color of the state of the s	8. Trade, profassion, or particular kind of work done as SPINNER	Usto of onset
work was done, as SILK MILL, SAW MILL, BANK, etc	SAWYER, BOOKKEEPER, etc.	
O To Total description of the Control of the Contro	work was done, as SILK MILL, SAW MILL, BANK, etc.	dovar Insumorua 3 days
O to Date deceased last worked at this occupation (month and spent in this occupation coupation coupation coupation	- I should find the short in this	J
12. BIRTHPLACE (city or town) Stacklass md Other Coatributory Causes of Importance:		Other Contributory Causes of Importanca:
	10 / 0/	
14. BIRTHPLACE (city or town) Stackban well. Name of operation. Oate of	14. BIRTHPLACE (city or town) 5 Cacollan well.	Name of operation Oate of
(State or country) What test confirmed diagnosis? 1		
15. MAIOEN NAME Emma Black 15. MAIOEN NAME Emma Black 16. BIRTHPLACE (city or town) 5 (abolton WG Accident, suicide, or homicide? Data of Injury, 19	I 15. MAIUEN NAME COMPARA SOLUTION OF THE SOLU	
16. BIRTHPLACE (city or town) 5 Carollan VMQ Accident, suicide, or homicide?	O 16. BIRTHPLACE (city or town) Substitute (State or country)	
Whera did Injury occur? (Specify city or town, county and State) 17. INFDRMANT (Addrass) (Addrass) (Addrass)	17. INFORMANT Darothy Spence	(Specify city or town, county and State)
18. BURIAL, CREMATION, DR REMOVAL Soften and . Manner of Injury		Manner of Injury
Hope Beneficial Come Cote may 2 , 1934 Nature of Injury	Hope Beneficial Com. Oute May 2, 1934	
19. UNDERTAKER CAMBRAGE Rouley 24. Was disease or Injury In any way related to occupation of deceased? And		
20. FILEO May 1, 1934 May m. Taylor (Signad) John Dickerson M.	20. FILEO May 1, 1934 many m. Taylor	(Signad) Johns D. Micheller M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run, over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1,1923 1 year

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

04254

1	1. PLA	CE OF DEA	TH			93·E)	
1	Cour	nty Worce	ester			Registration Dist. No. 350	
	Villa	ge or City	Beaver D	am		NoSt	Ward
	Leng	th of residence in c	ity or town where d	leath occurred		f death occurred in a hospital or institution, give its NAME instead of street and numberds. How long in U.S. if of foreign birth?yrsmos	
	2. FUL	L NAME GE	eorge Fl	etcher !	Paylor		
	(a)	Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
_		RSONAL AN	ID STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex ale		hite		RIED. WIDOWED, (write tha word) 1 C d	21. DATE OF DEATH April 14th., 193.4 (Month) (Day) (Y	4 (ear)
5a	. If marrie HUSBA (or) WI	CP . C	orced tha Tay	lor		1 HEREBY CERTIFY, That I attanded dacease 1 1 1 2 6 to 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/
6.	DATE OF	BIRTH (month, da	y, and year) S	ent 9th	1874.	liast saw h / No aliva on April 147-1934: death	is eald
	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9 . 30P m.	10 3410
	1	59	7	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
OCCUPATION	Trade profession or particular				me (vears)	CORONARY THRON 605,5 01	
12	BIRTHPI	LACE (city or town)	Accoma Virgi	c Co.	tin this Life	Other Contributory Causes of importance: Other DER TEMSION T 19 NAGO CARDILIO	26
FATHER	13. NAM	E George	e T.Tayl				
-		HPLACE (city or to (State or country)	UWII)	comac C Virgini		Name of operation Data of What test confirmed diagnosis? Was there an au'opsys	?
HER	15. MAII	DEN NAME CA	therine	Justice		23. If daath was due to external causes (VIOL ENCE) fill in also tha following:	
MOTHER		HPLACE (city or to (State or country)	own) Accom Virgi			Accident, suicide, or homicide? Date of injury, 19)
17.	17. INFORMANT Mrs. Geo. Fletcher Taylor (Address) Beayer Dam, Maryland.					(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18		CREMATION OR OR		Boate Apr	16th, 1934	Manner of injury	
19.		ress) OCOMO	ke City	Marylar	id.	24. Was disease or injury in any way related to occupation of deceased?	0
20.	FILED.	pril 16	19.34	ohn T	Registrar.	(Signed) 1. De amoha City the	M, D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	---------	---------	------------	----	-----------

04255

1. PLACE OF DEATH	(31)
County Warcester	Registration Dist. No. 3.55
Village or City Berlin md	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James L. Warre	w
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write than word)	21. DATE OF DEATH
Male White Married	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Fariese Warren	22. I HEREBY CERTIFY, That I attended daceased from
7/1/104	19 10 19 19
6. DATE OF BIRTH (month, day, and year) Hef. 6 /857 7. AGE Yeers Months Days If LESS than	I last sawba alive on 9, 1934, death is said
day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
77 2 1 73 ormin.	were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Cicuti Mystardus
9. Industry or businass In which work was done, as SILK MILL, Harries SAW MILL, BANK, etc.	
1) 10 Date decased lest worked at	
this occupation (month and 1934 spent in this year)	
12. BIRTHPLACE (city or town) md	Other Contributory Causes of Importanca:
(State or country)	Che nefhries
13. NAME albert Warren	July pures
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Rayne	
# doned!	23. If death was due to external couses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homloide? Date of injury, 19
M. 9 . 111.110	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAS James Warren (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Evergreen Date apr. 77, 1934	Natura of injury
A P	
19. UNDERTAKER Adultage (Address)	24. Was disaase or Injury in any wey releted to occupation of dacaased?
James Ma.	If so, spacify
20. FILED 4- II- 184 Jellen J. Hayur	(Signad) M. D.
Registar.	(Addrass) Servin

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
-----------------------------	------------	----	-----------

1.				DF	MARY	LAND-	
	L PLACE OF					03	
County Worcester WITHIN CO							
	Village or C	ityC	comoke	01	L.Y		
	Length of resid	dence in cit	y or town where	death	occurred	yrsn	
. :	. FULL NA	WE_RI	idolph.	Wes	tley	Watson	
	(a) Residen	e: No	716 Fo	urt		,	
t-cutti	PERSON	AI AN	D STATIST	ICAI	(Usual place o		
	sex Vale	4. COLO	R OR RACE	5. S	INGLE, MARR	IED, WIDOWED, (write the word)	
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced				
_	DATE OF BIRTH (, and year) J	an	. 7th.	1934.	
7.	AGE Yaa	13	Months		Days	If LESS then	
	**		3		13	ormin.	
NO	8. Trada, profas kind of w SAWYER	sion, or pa ork done, BOOKKEE	as SPINNER,	1	None		
OCCUPATION	9. Industry or 1	ousinass in					
000	10. Date dacease		ked et		11. Total tin spani occup	na (years) t In this pation	
12.	BIRTHPLACE (cit	y or town): try)	Pocomok Ma	e (City,M Land		
ER.	13. NAME []	oyd	Watson				
FATHER	14. BIRTHPLACE (Stata or		, , , , , , , , , , , , , , , , , , , ,		ce Cit	у.	
2	15. MAIDEN NAI			vl			
MOTHER	16. BIRTHPLACE (Stata or	(city or to		imo		•	
17.	INFORMANT MA	cs.Ll	oyd Wa	tsc		n d	
18	BURIAL, CREMATI	ON OR R	EMOVAL		te APR.	22, , 19.3	
19.		eru	11/	L	ver	core	

OF MARYLAND—CERTIFICATE OF DEATH

04256

g F	Registration Dist. No. 3 -	50
	No. 716 Fourth St., death occurred in a horpital or institution, give its NAME instead of street and n	
05.	ds. How long In U.S. if of foreign birth?yrs,ma	sds.
	St., Ward. If nonresident give city or town and	State
1	MEDICAL CERTIFICATE OF DEATH	State
7	21. DATE OF DEATH	
	Pocomoke City, April 20th. (Month) (Day)	, 1934 (Year)
	22. A HEREBY CERTIFY, Thet I attended to	deceesed from
	I last saw h	daath is sald
	to have occurred on the date stated above, a6. • 40A.em.	
5.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importanca were es follows:	<u> </u>
		- Date of onset
	X-REST.	sug
	Enterities was the cause of death. Que	en.
	Other Contributory Causes of Importance: Rov. 15, 1934.	0.07
	1-7	3
	11-	
	Name of operation	
	Whet test confirmed diagnosis? Was there an a	
-	23. If death was due to external causes (VIOL ENCE) fill in also the following	
	Accidant, suicida, or homicide? Date of Injury	, 19
-	Where did injury occur?(Specify city or town, county and State	.)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.
,	Mannar of Injury	
ž -	Nature of Injury	
-	24. Was diseasa or Injury In any way related to occupation of deceasad?	
	If so, specify	
	(Signad)	M. D.
	(Address)	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	DI MULI	LOIL	T. OTCTTTTTT	DYSTATION	A.J. J.	Y TY Y DY CATTY

item of infor-

County_U_C	proester			(3)	Registration Dist. No. 356
Village or C	ity Pocomoke	City		No. R.F.D.#	St., Wition, give its NAME instead of street and number)
Length of resid	dence in city or town where	death occurred	(I) mosmos	death occurred in a hospital or institutionds. How long in U.S. If o	tion, give its NAME instead of street and number) f foreign birth?yrs,mos,
2. FULL NA	ME Patrick	Henry Wh	ite		
	ce: No			St., Ward.	
PERSON	AL AND STATIST	(Usual place		MEDICAL C	If nonresident give city or town and State
SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE OF DEATH
ale	White		D (write the word)	Pocomoke City	April 3rd., 193 4 (Month) (Day) (Year)
. If married, widows HUSBAND of (or) WIFE of	ed, or divorced Sadie W.Wh:	ite		22. / I HEREBY	
				AN 304	1934, 10 April 2cod, 193
	month, day, and year) NO	1		I last saw hear alive on	grad, 1934; death is s
AGE Year		Days	If LESS than I day,hrs.	to have occurred on the date state	d above, atm. H and related causes of Importance
		alo f	ormin.	were as follows:	Data ol on:
kind of w	sion, or particular ork done, as SPINNER,	Farmer		of total	all arelet a
9. Industry or b	ousiness in which	+.393+34194+		marke me	sales forces
SAW MIL	done, as SILK MILL, L, BANK, etc			consule of	mades 2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation				angero	salla Ke 3d
2. BIRTHPLACE (city	y or town) Norces	ter Cour	nty	Other Contributory Canses of Impo	
1	Jrbane Whit			O'Blucked.	belo duct I de
	(city or town) WORC		ntv	Name of according	
(State or		vland		A .	Date of
15. MAIDEN NAM	ME Rosetta B	evans			ses (VIDLENCE) fill in also the following:
16. BIRTHPLACE	(city or town) Worce	ster Cou	inty		Date of Injury, 19
15. MAIDEN NAME Rosetta Bevans 16. BIRTHPLACE (city or town) Worcester County (State or country) Maryland				Where did injury occur?	(Specify city or town, county and State)
7. INFORMANT Mrs. Sadie W. White				Specify whether injury occurred In	INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pocomoke City, Maryland 18. Burial, CREMATION OR REMOVAL					
Place Pocomoke - Git W. Hale Apr. 5th. 1934				Manner of Injury	
11	PALL DI P	17		Nature of Injury	(1)
(Address) OCOMOKE City, Maryland			rear	24. Was disease or injury in any wa	ay related to occupation of deceased?
	comoke City	.Maryla	nd.	If so, specify	. ()

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
To the said			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Estilon is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE	OF	MARYLAN	D-CERTIF	FICATE	OF	DEATH

1 PLACE OF PEARLY	CERTIFICATE OF DEATH
1. PLACE OF DEATH	301/
County Warfester	Registration Dist. No.
Village or City Spain I full	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
11 4, 20.11.	
2. FULL NAME lag H. William	9
(a) Residence: No. Snaw / Lul (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH : 5 /
OR DIVORCED (zwrite the word)	mil 4, 1934 193
58. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
momas Milleams	august 33 Sute of death
6. DATE OF BIRTH (month, day, and year) / 22 187 8	I last say h en alive on afree 3 1994; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1-10 A m.
35 H /2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Broncho premiona finil?
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this pocunation (month and senent in this)	
SAW MILL, BANK, etc	
o this occupation (month and spent in this occupation cocupation	
222	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Hypriensun.
13. NAME Jurenga W. Butter 14. BIRTHPLACE (city or town) Miles	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Teach H. Phellippes 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mas, I homas Means	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Mars Lill Date and 1934	Manner of injury
1 0816 DE CO., 195.7.	Nature of injury
19. UNDERTAKER J. W. 1 Byerbuge	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bashin md	If so, specify
20. FILED 4/5 , 19 34 REPOR Security	(Signed) And Lemm (M.D.
Registrar.	(Address) Prillando mx.
If more blanks afe needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN